



Application for Lifeline

PLEASE ANSWER ALL QUESTIONS COMPLETELY:

Last Name: _____ **First Name:** _____

Street Address: _____ **Norfolk, VA 235** _____

Telephone Number Home: (____) _____ **Work:** (____) _____

Account number from HRUBS bill: _____

List all household members and their information:

Name	Social Security #	Birthdate	Relationship	Gross monthly Income	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Household Resources (Check all that apply):

☐ Checking account: Balance: \$ _____ ☐ Savings Account: Balance: \$ _____

☐ Stocks, Bonds, Securities Value: \$ _____ ☐ Cash on hand: \$ _____

Check whichever applies: Homeowner ☐ Renter, responsible for my own water expense ☐

Assistance is requested for (check all that apply):

☐ Combined services bill

☐ Plumbing repairs. If so, please list the name and phone number of the plumbing contractor that you would like to do the repairs (attach estimate):

Name of plumber: _____ **Phone:** _____

How did you hear about the Lifeline program?

☐ Norfolk Utilities ☐ HRSD ☐ Human Services ☐ Advertisement

☐ Door bag ☐ News ☐ Other _____

APPLICANT'S CERTIFICATION

I REQUEST ASSISTANCE AND CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT:

- I have a right to file a complaint if I feel that I have been discriminated against because of my race, color, national origin, religion, sex, age, handicap or religious belief.
- If I give false information or withhold information, I may be breaking the law and could be prosecuted for perjury or larceny.
- My signature below authorizes the Division of Social Services, the Department of Utilities and HRSD to share information and obtain any verification necessary to establish my eligibility for assistance and to give information in my case record to other organizations from which I have or may request assistance.

Signature: _____ **Date:** _____

(Do not write below this line)

AGENCY USE ONLY

Case Name: _____

Case Number: _____

HRUBS account number: _____

Bill assistance [☐]

Plumbing assistance [☐]

Household size: ____ **Income level for Number in Household \$** _____ **per/mo.**

Household Size	Household Monthly Gross
1	\$1,477
2	\$1,990
3	\$2,503
4	\$3,017
5	\$3,530
6	\$4,043
7	\$4,557
8	\$5,070
+	\$513

Resource Evaluation: Amount of available resources \$ _____ **(Limit \$ 2,000)**

Disposition: [☐] **Eligible** **Amount approved :** _____

[☐] **Ineligible** [☐] **Over income** [☐] **Over resource** [☐] **Failed to verify** [☐] **Other**

Worker's signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____